



REQUEST FOR TESTING ACCOMMODATIONS

IMPORTANT NOTE: No special testing arrangements will be made unless the request for special arrangements is accompanied by documentation, if required, from an appropriate professional. This form must be submitted with your registration form.

1.	Last Name (First 16 letters)	First Name (First 8 letters)	MI
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Post Office Box or Street Address		
	<input type="text"/>		
	City or Town	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Telephone Number:	Daytime	Evening
		<input type="text"/>	<input type="text"/>
4.	Social Security Number:	5. Date of Birth:	
	<input type="text"/>	Mo. Day Year	
		<input type="text"/>	

5. Type of Exam to be Given: ☐ Clinical Skills Examination ☐ Written Competency/Licensure Exam

6. Test location for which you are registering: _____

7. Test for which you are registering: _____

8. The following modifications to the examination environment are available. Please check all modifications being requested and give a description of your specific needs in the space below. Attach additional pages if necessary.

<input type="checkbox"/>	Seating Accommodations
<input type="checkbox"/>	Wheelchair Accessibility
<input type="checkbox"/>	Time Accommodations for those needing an extended examination period
<input type="checkbox"/>	Verbal Accommodations such as oral test instructions or oral test administration
<input type="checkbox"/>	Visual Accommodations such as large print test or written test instructions
<input type="checkbox"/>	Response Modifications such as the circling of responses rather than completion of a scan sheet
<input type="checkbox"/>	Equipment Modifications
<input type="checkbox"/>	Other modifications List specific modifications below. Include appropriate professional documentation.

10. I understand that accommodations, as approved by the Oklahoma Department of Career and Technology Education, may be provided. My special need is verified in writing by an appropriate professional, if required. I am submitting the written verification, if applicable, and this completed Special Examination Arrangements Form with my registration form by the regular registration deadline.

Signature

Date



**OKLAHOMA
CareerTech**

CTTC

CareerTech Testing Center
Health and Professional Certifications Project

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What Kind Of Documentation Is Sufficient To Support A Request For Testing Accommodations?

Examples of types of documentation include:

- Recommendations of qualified professionals
- Proof of past testing accommodations
- Observations by educators
- Results of psycho-educational or other professional evaluations
- An applicant's history of diagnosis
- An IEP or Section 504 plan (We do not need to see either document. We only need an individual that has access to provide a letter stating the accommodation is documented within.)

As per ADA guidelines for testing accommodations, we limit our request for documentation to one item and we generally evaluate the testing accommodation request based on that document without requiring further documentation from the individual making the request.